

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5110
FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 15														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:33%;">TITLE</td> <td style="width:33%;">FIRST</td> <td style="width:33%;">MI</td> </tr> <tr> <td colspan="3">County Commissioner Margaret</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td colspan="3">Gomez</td> </tr> </table>		TITLE	FIRST	MI	County Commissioner Margaret			NICKNAME	LAST	SUFFIX	Gomez			OFFICE USE ONLY Date Received 02 MAR -4 PM 3:57 DATA DEPARTMENT COUNTY CLERK Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged		
TITLE	FIRST	MI															
County Commissioner Margaret																	
NICKNAME	LAST	SUFFIX															
Gomez																	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%;"> <tr> <td style="width:33%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:17%;">ZIP CODE</td> </tr> <tr> <td colspan="5">P. O. Box 3232 Austin TX 78764</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P. O. Box 3232 Austin TX 78764									
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P. O. Box 3232 Austin TX 78764																	
5 CAMPAIGN TREASURER NAME	<table style="width:100%;"> <tr> <td style="width:33%;">TITLE</td> <td style="width:33%;">FIRST</td> <td style="width:33%;">MI</td> </tr> <tr> <td colspan="3">Texana F.</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td colspan="3">Conn</td> </tr> </table>		TITLE	FIRST	MI	Texana F.			NICKNAME	LAST	SUFFIX	Conn					
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Texana F.																	
NICKNAME	LAST	SUFFIX															
Conn																	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	<table style="width:100%;"> <tr> <td style="width:33%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:17%;">ZIP CODE</td> </tr> <tr> <td colspan="5">2007 Paramount Austin TX 78704</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2007 Paramount Austin TX 78704									
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9 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:20%;">THROUGH</td> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>02</td> <td>/01</td> <td>/02</td> <td></td> <td>03</td> <td>/02</td> <td>/02</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	02	/01	/02		03	/02	/02
Month	Day	Year	THROUGH	Month	Day	Year											
02	/01	/02		03	/02	/02											
10 ELECTION	<table style="width:100%;"> <tr> <td style="width:40%;"> ELECTION DATE Month Day Year 03 / 12 / 02 </td> <td style="width:60%;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 03 / 12 / 02	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special												
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County Commissioner, Precinct 4	County Commissioner, Precinct 4																
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..</p> <p>Name</p> <p>None to my knowledge.</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>																

GO TO PAGE 2


CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Citizens for Gomez

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☒ SPECIFIC

COMMITTEE NAME

Citizens for Gomez

COMMITTEE ADDRESS

P. O. Box 3232; Austin, TX 78764

COMMITTEE CAMPAIGN TREASURER NAME

Texana Faulk Conn

COMMITTEE CAMPAIGN TREASURER ADDRESS

2007 Paramount; Austin, TX 78704

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,140.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 12,003.34

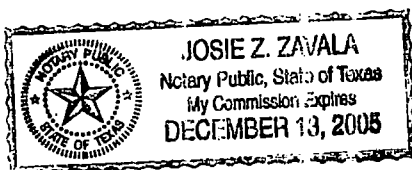
OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Margaret J. Gomez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret J. Gomez, this the 4 day of March, 20 02, to certify which, witness my hand and seal of office.

Josie Z. Zavala
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:
1 of 4
2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission files)**4 Date**

2-1-02

5 Full name of contributor☐ out of state PAC

Ponciano Morales III

7 Amount of contribution (\$)

\$ 200.00

8 In-kind contribution description (if applicable)**6 Contributor address; City; State; Zip Code**8000 Isaac Pryor
Austin, TX 78749**9 Principal occupation**
businessman**10 Employer (optional)****Date**

2-9-02

Full name of contributor☐ out of state PAC

Michael Bobinchuck

Amount of contribution (\$)
250.00**In-kind contribution description (if applicable)****Contributor address; City; State; Zip Code**5313 Painted Shield Drive
Austin, TX 78735-6008**Principal occupation**
businessman**Employer (optional)****Date**

2-11-02

Full name of contributor☐ out of state PAC

Leda R. Roselle

Amount of contribution (\$)
\$ 100.00**In-kind contribution description (if applicable)****Contributor address; City; State; Zip Code**2500 Rock Terrace
Austin, TX 78704-3840**Principal occupation**
citizen**Employer (optional)****Date**

2-12-02

Full name of contributor☐ out of state PAC

Roger Anis El-Khoury

Amount of contribution (\$)
40.00**In-kind contribution description (if applicable)****Contributor address; City; State; Zip Code**1036 Forest Bluff Trail
Round Rock, TX 78664**Principal occupation**
county employee**Employer (optional)****Date**

2-13-02

Full name of contributor☐ out of state PAC

Gary Hartman

Amount of contribution (\$)
100.00**In-kind contribution description (if applicable)****Contributor address; City; State; Zip Code**501 East 11, Ste. 300
Austin, TX 78701**Principal occupation**
businessman**Employer (optional)**

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:
2 of 4

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-7-02

5 Full name of contributor

☐ out of state PAC

David Quintanilla

7 Amount of contribution (\$)

\$ 250.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

5000 Mission Oaks Blvd, Unit 7
Austin, TX 78735

9 Principal occupation
businessman

10 Employer (optional)

Date

2-14-02

Full name of contributor

☐ out of state PAC

Minter, Joseph & Thornhill, PC

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

811 Barton Springs, Suite 800
Austin, TX 78704

Principal occupation
attorneys

Employer (optional)

Date

2-14-02

Full name of contributor

☐ out of state PAC

Turner, Collie & Braden PAC

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

P. O. Box 130089
Houston, TX 77219

Principal occupation
attorneys

Employer (optional)

Date

2-14-02

Full name of contributor

☐ out of state PAC

Christopher S. Shields, P. C.

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1005 Congress Avenue, Ste. 480
Austin, TX 78701

Principal occupation
attorneys

Employer (optional)

Date

2-16-02

Full name of contributor

☐ out of state PAC

Maria Esperanza Orozco

Amount of contribution (\$)

80.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

236 Morrell Street
Kyle, TX 78640

Principal occupation
county employee

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

 1 Total pages this Schedule A:
3 of 4

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-19-02

5 Full name of contributor

☐ out of state PAC

Vinson & Elkins Texas PAC

 7 Amount of
contribution (\$)
\$ 750.00
8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

 2300 First City Tower
Houston, TX 77002-6760
9 Principal occupation
attorneys

10 Employer (optional)

Date

2-20-02

Full name of contributor

☐ out of state PAC

Paul S. Ruiz

 Amount of
contribution (\$)
250.00
In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

 309 Cumberland Road
Austin, TX 78704
Principal occupation
attorney

Employer (optional)

Date

2-21-02

Full name of contributor

☐ out of state PAC

Kevin W. Boyd

 Amount of
contribution (\$)
50.00
In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

 507 West 10
Austin, TX 78701
Principal occupation
attorney

Employer (optional)

Date

Full name of contributor

☐ out of state PAC
 Amount of
contribution (\$)
In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PAC
 Amount of
contribution (\$)
In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:
4 of 4

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-23-02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jessie B. Guzman

6 Contributor address; City; State; Zip Code

Route 13, Box 753-D
Edinburg, TX 78539

7 Amount of
contribution (\$)
\$ 20.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

businessman

10 Employer (Optional)

Date

2-23-02

Full name of contributor

☐ out-of-state PAC (ID#)

Irma Maria Garza

Contributor address; City; State; Zip Code

502 Canyon Wren Drive
Buda, TX 78610

Amount of
contribution (\$)
50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

businesswoman

Employer (Optional)

Date

2-25-02

Full name of contributor

☐ out-of-state PAC (ID#)

Ewbank & Byrom, PC

Contributor address; City; State; Zip Code

221 West 6, Suite 900
Austin, TX 78701

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

attorneys

Employee (Optional)

Date

2-27-02

Full name of contributor

☐ out-of-state PAC (ID#)

David D. Dobbs

Contributor address; City; State; Zip Code

9702 Swansons Ranch Road
Austin, TX 78748

Amount of
contribution (\$)
150.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

citizen

Employer (Optional)

Date

2-27-02

Full name of contributor

☐ out-of-state PAC (ID#)

Thomas Esparza

Contributor address; City; State; Zip Code

1811 South First
Austin, TX 78704-4251

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

attorney

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule B1: 1 of 1	
2 FILER NAME Citizens for Gomez				3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒					\$ -0-
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code None.			8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation (optional)			11 Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)			Employer (optional)		
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ -0-

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)**6** Is lender a
financial institution?

Y N

8 Lender address; City; State; Zip Code

None.

10 Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 3

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)**4** Date

2-4-02

5 Payee name

Citizens for Gomez

7 Amount
(\$)

\$ 20.40

6 Payee address; City; State; Zip CodeP. O Box 3232
Austin, TX 78764**8** Purpose of payment (See instructions regarding type of information required.)

purchase of postage stamps

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Margaret J. Gomez, Co. Comm., Pct. 4

Date

2-11-02

Payee name

David Butts

Amount
(\$)

1,000.00

Payee address; City; State; Zip Code

1914 Patton Lane
Austin, TX 78723

Purpose of payment (See instructions regarding type of information required.)

consultant fee

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Margaret J. Gomez, Co. Comm., Pct. 4

Date

2-12-02

Payee name

Miller Blueprint

Amount
(\$)

40.49

Payee address; City; State; Zip Code

501 West 6
Austin, TX 78701

Purpose of payment (See instructions regarding type of information required.)

mounting of Precinct 4 map

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Margaret J. Gomez, Co. Comm., Pct. 4

Date

2-13-02

Payee name

Cine De Las Americas

Amount
(\$)

300.00

Payee address; City; State; Zip Code

2215 Post Road, Suite 2056
Austin, TX 78704

Purpose of payment (See instructions regarding type of information required.)

Program Ad

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Margaret J. Gomez, Co. Comm., Pct. 4

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule F.

2 of 3

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Citizens for Gomez

4 Date

2-15-02

5 Payee name

RBH Direct

7 Amount (\$)

\$ 873.82

6 Payee address; City; State; Zip Code1602 Glencrest Drive
Austin, TX 78723**8 Purpose of expenditure**

2500 flyers and picture

9 -- Complete if direct expenditure to benefit C/OH --Candidate / Officeholder name Office sought / held
Margaret J. Gomez, Co. Comm., Pct. 4**Date**

2-19-02

Payee name

Exxon

Amount (\$)

32.75

Payee address; City; State; Zip CodeP. O. Box 4555
Carolstream, IL 60197-4555**Purpose of expenditure**

Gas for campaign purposes

-- Complete if direct expenditure to benefit C/OH --Candidate / Officeholder name Office sought / held
Margaret J. Gomez, Co. Comm., Pct. 4**Date**

2-21-02

Payee name

U. S. Postmaster

Amount (\$)

34.00

Payee address; City; State; Zip Code1800 South 5
Austin, TX 78704**Purpose of expenditure**

Roll of stamps

-- Complete if direct expenditure to benefit C/OH --Candidate / Officeholder name Office sought / held
Margaret J. Gomez, Co. Comm., Pct. 4**Date**

2-21-02

Payee name

RBH Direct

Amount (\$)

4,856.88

Payee address; City; State; Zip Code1602 Glencrest Drive
Austin, TX 78723**Purpose of expenditure**

Mailer to voters

-- Complete if direct expenditure to benefit C/OH --Candidate / Officeholder name Office sought / held
Margaret J. Gomez, Co. Comm., Pct. 4

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule F:

3 of 3

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)**4** Date
2-28-02**5** Payee name
RBH Direct**7** Amount
\$4,845.00**6** Payee address: City: State: Zip Code1602 Glencrest Drive
Austin, TX 78723**8** Purpose of expenditure

Mailer to voters

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Margaret J. Gomez, Co. Comm., Dist. 4

Date

Payee name

Amount
(\$)

Payee address: City: State: Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

Payee address: City: State: Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

Payee address: City: State: Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1 of 1
2 FILER NAME Citizens for Gomez		3 ACCO INT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code None.	8 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

